



# MEDICAL BOARD OF CALIFORNIA

1426 Howe Avenue, Suite 54  
Sacramento, CA 95825-3236  
(916) 263-2382 FAX (916) 263-2487  
[www.medbd.ca.gov](http://www.medbd.ca.gov)



## CERTIFICATE OF MEDICAL EDUCATION

**MEDICAL SCHOOL: PLEASE COMPLETE THIS FORM IN THE ENGLISH LANGUAGE.**

This certifies that \_\_\_\_\_; \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_; \_\_\_\_\_;  
FULL NAME OF APPLICANT U.S. SOCIAL SECURITY NO. DATE OF BIRTH-MM/DD/YYYY

enrolled in \_\_\_\_\_  
NAME OF MEDICAL SCHOOL LOCATION

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and was granted the following credits on enrollment:  
MONTH YEAR

Advanced Credits: Credits previously obtained at an approved medical, dental, or osteopathic school.\*

\_\_\_\_\_  
MEDICAL SCHOOL TOTAL CREDITS DATES

The undersigned further certifies that the records of this institution show that the applicant attended in this institution \_\_\_\_\_  
NUMBER OF YEARS

years of resident instruction of \_\_\_\_\_ weeks each, completing at least 4,000 hours, of which at least 80 percent actual  
NUMBER OF WEEKS

attendance is required, in the subjects set forth hereunder (Business and Professions Code Section 2089), and that the applicant:

☐ was granted the degree Bachelor/Doctor of Medicine by **OR** ☐ withdrew from

the above mentioned medical school on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
MONTH YEAR

Anatomy  
Otolaryngology  
Obstetrics and Gynecology  
Radiology, including Radiation Safety  
Tropical Medicine  
Physiology  
Biochemistry  
Pathology, Bacteriology and Immunology  
Ophthalmology  
Dermatology

Embryology  
Histology  
Human Sexuality as defined in Section 2090  
Medicine  
Surgery, including Orthopedic Surgery  
Urology  
Psychiatry  
Neurology  
Alcoholism and Chemical Dependency  
Preventive medicine, including Nutrition

Physical Medicine  
Therapeutics  
Neuroanatomy  
Child Abuse Detection and Treatment  
Geriatric Medicine  
Pediatrics  
Pharmacology  
Anesthesia  
Spousal or Partner Abuse Detection & Treatment\*\*  
Family Medicine\*\*\*  
Pain Management and End-of-Life Care\*\*\*\*

\* Each school where professional medical instruction was received MUST complete one of these forms. If more than one school was attended, photocopies of this blank form may be made and used.

\*\* ONLY applicable to medical students who enrolled in medical school on or after September 1, 1994.

\*\*\* ONLY applicable to medical students who graduate from medical school on or after May 1, 1998

\*\*\*\* Only applicable to medical students who enrolled in medical school on or after June 1, 2000.

MEDICAL SCHOOL SEAL MUST BE  
IMPRINTED BELOW.

**ATTENTION MEDICAL SCHOOL: The person who signs this form MAY NOT be related to the applicant by blood, marriage or adoption.**

**Only the President, Dean, or Registrar may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.**

Signed and the school seal affixed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
MONTH YEAR

BY: \_\_\_\_\_  
PRESIDENT, DEAN, OR REGISTRAR

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